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Image# 202308309596858049

#### FEC FORM 2

#### STATEMENT OF CANDIDACY

_	( ) 11 ( ) ( ) ( ) ( )									
1.	(a) Name of Candidate (in full)									
	Valadao, David, , ,  (b) Address (number and street)		ook if oddro	an ahangad		2 Condida	ate's FEC Ident	tification N	lumbor	
	5132 N Palm Ave #227	LI CII	eck if addres	ss changed		H2CA		uncauon i	vumber	
	(c) City, State, and ZIP Code					3. Is Thi				Amended
	Fresno		CA	9370	4	Stater	ment (N)	OR	<b>x</b> (	A)
4.	Party Affiliation	5. Office Sough	t		6. State & Dist	rict of Candi	date			
	REPUBLICAN PARTY	House			CA	22				
	DE	SIGNATION	OF PRI	NCIPAL	CAMPAIGN	N COMM	ITTEE			
7.	I hereby designate the following nar	med political com	nmittee as m	y Principal (	Campaign Comr	mittee for the	$\frac{2024}{\text{(year of elect)}}$		on(s).	
	NOTE: This designation should be f	iled with the app	ropriate offic	ce listed in the	ne instructions.					
	(a) Name of Committee (in full)									
	Valadao For Congre	288								
	(b) Address (number and street)									
	5132 North Palm Avenue #227									
	(c) City, State, and ZIP Code									
	Fresno				CA	93704	4			
	DE	CICNIATION		JED ALI	THODIZED.	CONANAIT	TEEC			
	DE	SIGNATION:			g Representativ		IEES			
		·	•			·				
8.	I hereby authorize the following nan candidacy.	ned committee, v	vhich is NO	my princip	al campaign con	nmittee, to re	eceive and exp	end funds	on beha	If of my
	•									
	NOTE: This designation should be f	iled with the prin	cipal campa	ign committe	ee.					
	(a) Name of Committee (in full)									
	Vitoria PAC									
	(b) Address (number and street)									
	5132 North Palm Avenue									
	#227									
	(c) City, State, and ZIP Code									
	Fresno				CA	93704	ļ			
	I certify that I have exa	mined this State	ment and to	the best of	my knowledge a	and belief it is	s true, correct a	and comp	lete.	
Sic	gnature of Candidate					Date				
	aladao, David, , ,									
V C	uauto, Duvia, , ,			[Elect	ronically Filed]	08/30/20	)23			
NC	OTE: Submission of false, erroneous	, or incomplete ir	nformation m	nay subject t	he person signir	ng this State	ment to penalti	es of 2 U.	S.C. §437	<b>7</b> g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>2</sup> of	3

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	Farmers for the Valley PAC							
	(b) Address (number and street) 9460 Tegner Road							
	(c) City, State, and ZIP Code							
	Hilmar	CA	95324					
8.	I hereby authorize the following named committee, which is NOT my princi candidacy. <b>NOTE</b> : This designation should be filed with the principal camp							
	(a) Name of Committee (in full)							
	The Valadao Victory Fund							
	(b) Address (number and street) 5132 N Palm Ave #227							
	(c) City, State, and ZIP Code							
	Fresno	CA	93704					
8.	I hereby authorize the following named committee, which is NOT my princicandidacy. NOTE: This designation should be filed with the principal campator (a) Name of Committee (in full)  Hispanic Leadership Trust Partnership							
	(b) Address (number and street) PO Box 341027							
	(c) City, State, and ZIP Code							
	Austin	TX	78734					
8.	I hereby authorize the following named committee, which is NOT my princicandidacy. NOTE: This designation should be filed with the principal camp  (a) Name of Committee (in full)  GT Farm Team 2024  (b) Address (number and street) PO Box 30844							
	(c) City, State, and ZIP Code							
	Bethesda	MD	20824					

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Paga	3 of	3
Page	, OI	-

### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

(a) Name of Committee (in full) Protect the House California 2024  (b) Address (number and street) PO Box 30844  (c) City, State, and ZIP Code Bethesda  MD 20824  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) Take Back the House 2022  (b) Address (number and street) PO Box 30844  (c) City, State, and ZIP Code Bethesda  MD 20824-0844  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) Protect the House 2024  (b) Address (number and street) PO Box 30844  (c) City, State, and ZIP Code	of my
(b) Address (number and street) PO Box 30844  (c) City, State, and ZIP Code Bethesda  MD 20824  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  Take Back the House 2022  (b) Address (number and street) PO Box 30844  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  Protect the House 2024  (b) Address (number and street) PO Box 30844	of my
PO Box 30844  (c) City, State, and ZIP Code Bethesda  MD 20824  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  Take Back the House 2022  (b) Address (number and street) PO Box 30844  (c) City, State, and ZIP Code Bethesda  MD 20824-0844  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  Protect the House 2024  (b) Address (number and street) PO Box 30844	of my
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8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  Take Back the House 2022  (b) Address (number and street) PO Box 30844  (c) City, State, and ZIP Code Bethesda  MD  20824-0844  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  Protect the House 2024  (b) Address (number and street) PO Box 30844	of my
candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  Take Back the House 2022  (b) Address (number and street) PO Box 30844  (c) City, State, and ZIP Code Bethesda MD 20824-0844  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  Protect the House 2024  (b) Address (number and street) PO Box 30844	of my
Take Back the House 2022  (b) Address (number and street) PO Box 30844  (c) City, State, and ZIP Code Bethesda  MD  20824-0844  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) Protect the House 2024  (b) Address (number and street) PO Box 30844	
(b) Address (number and street) PO Box 30844  (c) City, State, and ZIP Code Bethesda  MD  20824-0844  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  Protect the House 2024  (b) Address (number and street) PO Box 30844	
(c) City, State, and ZIP Code Bethesda  MD  20824-0844  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  Protect the House 2024  (b) Address (number and street) PO Box 30844	
Bethesda  MD 20824-0844  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  Protect the House 2024  (b) Address (number and street) PO Box 30844	
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candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  Protect the House 2024  (b) Address (number and street) PO Box 30844	
	of my
(c) City, State, and ZIP Code	
Bethesda MD 20824	
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.	of my
(a) Name of Committee (in full)	
McCarthy Valadao Victory Fund	
(b) Address (number and street) PO Box 30844	
(c) City, State, and ZIP Code	
Bethesda MD 20824	